

**ALASKA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF FORESTRY
ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK**

VEHICLE ACCIDENTS

Purpose

The purpose of this chapter is to assure all accidents involving state owned, leased, or rented (except through an EERA) equipment are reported properly and in a timely manner. Areas covered include:

- Introduction and General Information
- Procedures for Vehicles
 1. What to do in case of an accident and when should an accident be reported
 2. What forms are used and for what type of vehicles
 3. Where to Submit Forms - Forms Matrix
 4. Personal Vehicle use for State Business

Introduction and General Information

This section does NOT apply to vehicles rented under an EERA, specifically suppression or incident-related rentals. Accidents with EERA vendor-supplied and operated equipment are the responsibility of the vendor. Any relief from damage arising from such an accident will be dealt with through the claims process.

Employees requiring information or assistance should contact Risk Management at (907) 465-2180, the Division of Forestry Procurement Specialist at (907) 269-8461, or the appropriate Regional Transportation Manager (Coastal Region at 761-6231 or Northern Region at 451-2643).

All accidents or incidents which create a possible claim against the State of Alaska must be reported promptly by the employee citing date, time, location, names of those involved, and witnesses. Include any other information that is available. The report should be reviewed, approved, and signed by the Area or Regional Forester.

There is a difference between “Automobile Liability Coverage” and automobile Physical Damage (Collision) Coverage. The State of Alaska is “Self-Insured” and does not provide “Automobile Physical Coverage” for State-owned vehicles. This means that Risk Management does not pay for the repairs of a damaged State-owned vehicle resulting from any cause including an accident. The repairs of a State-owned vehicle are the responsibility of the Department/Division to which the vehicle is assigned, and are handled by the Department of Transportation and Public Facilities (DOT&PF) according to their established procedures. Risk Management would only cover a State-owned vehicle if the damage occurred while contained inside an insured building. The vehicle then becomes insured contents. The coverage is only for the peril of fire and has a \$1,000.00 deductible, which is paid by the agency. The State of Alaska does provide “Automobile Liability Coverage” which would cover a non-state or private vehicle involved in an accident with a State vehicle.

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DOT&PF is responsible for normal wear and tear on state-owned vehicles, but agencies may be responsible for repair of damage due to other than normal wear and tear.

Major claim notices should have a completed Supervisor's Accident Investigation Report attached. These reports are used to identify hazardous conditions or practices, and will aid in preventing future accidents.

Passengers not engaged in State business are not to be allowed as passengers in State vehicles. Non-state business passengers in your personal vehicle are not covered by the State.

All State employees are cautioned to **never accept liability**, nor make any statements alluding to guilt, nor furnish information on accidents to unauthorized persons. Obtain names and addresses of witnesses on all potential liability claims.

Procedures for Vehicles

If a State-owned vehicle is involved in an accident, the State employee (the driver) must fill out the following forms:

1. Police Report (over \$2,000.00 damage or bodily injury)
Or State of Alaska Vehicle Accident Report Form #12-209 if law enforcement officer is not present (under \$2,000.00 damage and no bodily injury). The report must be filed within 10 days with the local police department or State Troopers
2. Liability Accident Notice Form #02-919 (3/83)
3. Supervisor's Accident Investigation Report Form #02-932 filled out by an immediate supervisor
4. Certification of Insurance – Form #12-466 (1/85). List owner as State of Alaska
5. If damaged government equipment is a total loss, a Lost-Stolen-Damaged Form #02-627 must be used

State-owned Vehicles in an accident – Fill out items # 1, 2, 3, and 4.

Leased Vehicles in an accident – Fill out items # 1, 2, 3, and 4.

A leased vehicle would be defined as a vehicle with a long term lease from a dealer in lieu of a State-owned vehicle. The State of Alaska does not provide Collision Coverage for State-leased vehicles. The repairs of State-leased vehicles are the responsibility of the Department/Division assigned the vehicle.

Rental Vehicles in an accident – Fill out items # 1, 2, and 3 plus any rental agency accident forms.

Rental vehicles are most often with a commonly recognized national auto rental company. For insurance purposes, there are two distinct classifications of auto rentals:

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1. A mandatory contract exists for rental vehicles in the cities of Anchorage, Fairbanks, and Juneau with Budget. The contract specifies that the vendor will be responsible for both the physical damage and liability coverage (subject to their policy limits) for the rental vehicles. Not all vehicles rented from the contract holder are covered under these rules. They do include sedans and some small SUV's or a mini-van. Other vehicles and/or situations may be exempt from these contract requirements. Check specifically for off-road use limitations.
2. A non-mandatory contract exists for rental cars in the lower-48.
3. All other auto rentals either in-state or out-of-state are covered under the State self-insurance plan.

Emergency Equipment Rentals With Operator

The vendor is responsible for filling out any paperwork that satisfies municipality or state requirements plus State forms listed in items #1, 2, and 3. A report to the police should be made if there are any injuries or if damage exceeds \$2,000. If a vehicle sustains damage, document the damage on the Vehicle/Heavy Equipment Inspection Checklist #OF-296 (or a separate piece of paper) and keep it with the equipment packet.

Vehicle Damage Claims

Any damage to vehicles for which the owner wishes to submit a monetary claim must do so according to Chapter 11.

Where to Submit Forms

All accidents or incidents involving State-owned, leased, or rented equipment (**NOT equipment hired through an EERA**), must be reported to:

1. Immediate supervisor
2. Regional Forester or Regional Fire Management Officer (FMO)
3. Division of Forestry Procurement Specialist

All applicable forms will be routed through the Regional Administrative Officers:

- Northern Region – Karen Gordon
State of Alaska/Dept. of Natural Resources/Div. of Forestry
3700 Airport Way
Fairbanks, Alaska 99709-4699
- Coastal Region – Michelle Demaline
State of Alaska/Dept. of Natural Resources/Div. of Forestry
101 Airport Rd.
Palmer, Alaska 99645

Copies to:

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1. State of Alaska/Dept. of Natural Resources/Div. of Forestry
550 W. 7th Ave., Suite # 1450
Anchorage, Alaska 99501
Attn: Procurement Specialist
(907) 269-8461
2. Department of Natural Resources/Division of Administrative Services/Property Officer
550 W. 7th Ave., Suite #1230
Anchorage, Alaska 99501-1361
Attn: Debbie Denny
(907) 269-8665
(907) 269-8909 fax
3. State of Alaska/Risk Management
P.O. Box 110218
Juneau, Alaska 99811-0218
(907) 465-2180

Personal Vehicle Use for State Business

Liability - Alaska Statute requires all drivers to have auto liability insurance and establishes minimum amounts of coverage. Anyone using his or her personal vehicle on State business must have liability insurance. Most insurance companies include incidental business use of a personal vehicle in their standard policy. Considerable or frequent business use may require an endorsement to your policy. Consult your insurance company for more information. It is the employee's responsibility to be aware of their policy limitations.

In the event of an accident, your personal liability insurance will cover damages and medical expenses to another party up to the maximum amount of your liability coverage.

The State of Alaska will usually cover any liability exposure in excess of your own liability coverage, except in certain areas indicating improper performance as determined by the Attorney General's Office (e.g., driving while intoxicated).

Collision - Your own collision insurance, if any, covers damage to your own vehicle while on State business. The State does not insure any physical damage to your vehicle while on State business. If another party is at fault you may be able to recover your damages through legal action brought by yourself or your insurance company on your behalf. The State of Alaska will not participate in any legal action brought on your behalf to receive damages as a result of an accident involving your personal vehicle while on State business.

Worker's Compensation - Any injury resulting in lost work time or medical expenses to a driver or other State employees riding as passengers while on official State business, will be handled as routine worker's compensation claim.

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Notification of Claims or Accidents - You are required by State law to notify the Department of Public Safety for any accident involving personal injury or damage totaling \$500 or more (per Scott Jordan memo dated 12/21/10). In addition to this, if you have an auto accident while on State business, you are required to complete a Liability Accident Notice (02-919), and forward it to the Area/Region office.

Passengers - Non-state business passengers in your personal vehicle are not covered by the State in any way.

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STATE OF ALASKA
DEPARTMENT OF ADMINISTRATION
Division of Risk Management
PO Box 110218
Juneau AK 99811-0218
Phone (907) 465-2180

LIABILITY ACCIDENT NOTICE

☒ Auto ☐ Other

DEPARTMENT <u>Natural Resources</u>		SECTION <u>10</u>		LOC. CODE		DIRECTOR <u>Chris Maresh</u>	
DIVISION <u>Forestry</u>		REGION <u>Coastal</u>		LOC. NAME		SUPERVISOR <u>Mike Curran</u>	
STATE EMPLOYEE		STATE EMPLOYEE		STATE EMPLOYEE		STATE EMPLOYEE	
LAST NAME <u>Owl</u>		FIRST NAME <u>Woody Z</u>					
ADDRESS <u>P.O. Box 133 Anchorage AK 99504</u>		ZIP <u>99504</u>		RESIDENCE PHONE <u>907-333-3333</u>		BUSINESS PHONE <u>907-761-6233</u>	
WHERE CAN EMPLOYEE BE CONTACTED? <u>907-761-6233</u>		WHEN? <u>Mon-Fri 0800-1630</u>					
ACCIDENT		ACCIDENT		ACCIDENT		ACCIDENT	
DATE & TIME OF ACCIDENT OR LOSS <u>5/31/xx 1130 P.M.</u>		LOCATION OF ACCIDENT (INCLUDING CITY & STATE) <u>Atwood Bldg Anchorage AK</u>		POLICE TO WHOM REPORTED <u>N/A</u>			
DESCRIPTION OF ACCIDENT OR LOSS (USE REVERSE, IF NECESSARY) <u>While parking in the parking garage, hit a concrete beam with front fender on passenger side causing damage to the right bumper.</u>							
STATE VEHICLE - AUTO ONLY		STATE VEHICLE - AUTO ONLY		STATE VEHICLE - AUTO ONLY		STATE VEHICLE - AUTO ONLY	
VEHICLE NO. <u>33333</u>		YEAR <u>2000</u>		MAKE <u>Chevrolet</u>		MODEL <u>15 Pass Van</u>	
VIN (VEHICLE IDENTIFICATION NO.) <u>11G-HA9R439</u>		PLATE NO. <u>33333</u>					
STATE OWNED <input checked="" type="checkbox"/> OR LEASED <input type="checkbox"/>		ADDRESS OF LESSOR		PHONE			
NAME OF DRIVER <u>Woody Z Owl</u>		AGE <u>40</u>		ADDRESS OF DRIVER <u>P.O. Box 133, Anchorage, AK 99504</u>		PHONE <u>907-333-3333</u>	
WAS DRIVER A STATE EMPLOYEE? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		PURPOSE OF USE <u>Transporting Passengers to Airport</u>		USED WITH PERMISSION? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
DESCRIBE DAMAGE <u>Front right Bumper and Fender</u>		REPAIR ESTIMATE <u>\$200.00</u>		WHERE CAN VEHICLE BE SEEN? <u>Palmer Forestry Office</u>		WHEN? <u>Mon-Fri</u>	
PROPERTY DAMAGE		PROPERTY DAMAGE		PROPERTY DAMAGE		PROPERTY DAMAGE	
OWNER <u>N/A</u>		ADDRESS		PHONE			
OTHER DRIVER () SAME AS OWNER		ADDRESS		PHONE			
DESCRIBE PROPERTY (IF AUTO: MAKE, YEAR, PLATE NO.)		OTHER CAR OR PROPERTY INSURED YES <input type="checkbox"/> NO <input type="checkbox"/>		COMPANY OR AGENCY NAME & POLICY NO.			
DESCRIBE DAMAGE		REPAIR ESTIMATE \$		WHERE CAN CAR BE SEEN?			
INJURED		INJURED		INJURED		INJURED	
NAME		ADDRESS		PHONE		EXTENT OF INJURY	
AGE		STATE VEH. PASS		OTHER VEH. PASS		PED.	
N/A							
CLAIMANT: NON-AUTO		CLAIMANT: NON-AUTO		CLAIMANT: NON-AUTO		CLAIMANT: NON-AUTO	
OCCUPATION		EMPLOYED BY		ADDRESS OF EMPLOYER			
PROBABLE DISABILITY		RETURNED TO WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		WHY ON PREMISES		STATE VEH. OTHER VEH. OTHER	
WEEKS							
WITNESS		WITNESS		WITNESS		WITNESS	
NAME <u>John Hawkeye</u>		ADDRESS <u>P.O. Box 120, Wasilla AK 99654</u>		PHONE <u>907-345-6102</u>			
REMARKS <u>I was a passenger in the said vehicle when the accident occurred. Statements are true.</u>							
DATE <u>5/31/xx</u>		REPORTED BY <u>Woody Z Owl</u>		REPORTED TO <u>Mike Curran</u>		SIGNATURE (PREPARED BY) <u>[Signature]</u>	

02-919 (03/06)

ONE COPY - RISK MANAGEMENT

SECOND COPY - AGENCY FILES

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STATE OF ALASKA

SUPERVISOR'S ACCIDENT INVESTIGATION REPORT

Name of Injured/Damaged Equipment/Property V-33333 driven by Woody Z Owl

Job or Activity at Time of Accident Driving passengers to airport Date of Accident 5/3/0x

Exact Location Parking garage at the Atwood Building, Time 1130am

1. WHAT HAPPENED? While parking in the parking garage, hit a concrete beam with the front right fender, damaging bumper and fender.
Tell what the employee was doing, how the accident occurred, and what thing directly injured the employee.

2. WHY DID IT HAPPEN? Could not maneuver into parking space correctly due to other vehicles parking to close an angle, obscuring vision.

Get all the facts by studying the job and situation involved. Use the following factors to help you identify the condition responsible.
OPERATION FACTORS TO BE CONSIDERED:

Proper Equipment	Proper Material	People
Selection	Selection	Selection
Arrangement	Placement	Placement
Use	Handling	Training
Maintenance	Use	Supervision

3. WHAT SHOULD BE DONE? Choose parking space without concrete beam obscuring vision of other vehicles
What action(s) will prevent similar accidents in the future?

4. WHAT HAVE YOU DONE THUS FAR? Counseled Mr. Owl on cost to State of repairs and on fact of being more cautious next time.
Take or recommend action, depending on your authority.

5. HOW WILL THIS IMPROVE OPERATIONS? Fewer cases of vehicle damage will result in less cost to the State
How will it help us meet our objective - ACCIDENT PREVENTION?

6. WHAT IS YOUR ESTIMATED COST OF THIS ACCIDENT?

Cost of lost wage and medical expenses?	<u>0</u>
Damage to State property or equipment?	<u>\$2000.00</u>
Damage to third parties, property and people?	<u>0</u>
TOTAL	<u>\$2000.00</u>

Investigated By A Hipschmidt, Trans. Manager Date 5/4/0x
Unit/Division/Department Coastal Zone / Forestry / Natural Resources

FORMS\INVESTIG

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STATE OF ALASKA - DIVISION OF MOTOR VEHICLES

CERTIFICATE OF INSURANCE

CRASH INFORMATION	Crash Date: _____ Location: _____
DRIVER	Name: _____ Date of Birth: _____ License #: _____ State: <u>AK</u> Mailing Address: _____ Street or Box, City, State & Zip
OWNER OF VEHICLE	Name: _____ Date of Birth: _____ License #: _____ State: <u>AK</u> Mailing Address: _____ Street or Box, City, State & Zip
VEHICLE	Year: _____ Make: _____ Model: _____ License Plate #: _____ VIN: _____
INSURANCE	Did you have an automobile liability policy in effect covering this crash? YES <input type="checkbox"/> NO <input type="checkbox"/> Name of Insurance Company: _____ Policy Number: _____ Name and Address of Policyholder: _____ Policy Period: _____ From _____ To _____
SIGNATURE	Your Signature: _____ Date: _____

Do not write below this line. The Division of Motor Vehicles will contact your Insurance Company.

Insurance Verification: If the motor vehicle liability insurance policy listed above was not in effect for the motor vehicle listed at the time of the crash indicated above, the insurance company is to complete the following and return this form to the Division of Motor Vehicles at the address listed below. If indicated coverage was in effect at the time of the crash, no action is required.

REASON FOR DENIAL:

- | | | |
|---|---|--|
| <input type="checkbox"/> Policy Expired Before Crash | <input type="checkbox"/> Policy Number Given is Incorrect | <input type="checkbox"/> Lapse in Policy |
| <input type="checkbox"/> Policy Effective After Crash | <input type="checkbox"/> Driver Not Covered on Policy | <input type="checkbox"/> Other _____ |

Signature of Authorized Representative _____ Date _____

CUT ON LINE ABOVE. RETURN TOP PORTION ONLY.

MANDATORY INSURANCE AND FINANCIAL RESPONSIBILITY NOTICE

If the actual or estimated damages of any one person's property involved in the crash exceeds \$501.00, or if there is any personal injury or death, you are subject to the Alaska mandatory insurance and financial responsibility laws. The mandatory insurance laws require you to file proof of insurance with the State of Alaska. Failure to do so will result in the suspension of your driver's license.

The financial responsibility laws require a person to show financial responsibility by one of the following methods: (1) an automobile liability insurance policy in effect at the time of the crash; (2) a release of liability; (3) a settlement agreement and proof of future financial responsibility (SR22 insurance); (4) a deposit of security and proof of future financial responsibility (SR22 insurance); (5) a finding of no liability by the court in a civil action (a finding of not guilty of a traffic citation does not apply). Failure to show financial responsibility by one of the listed methods will also result in the suspension of your driver's license for a period of 3 years if there is a possibility you are liable.

After any suspension you must show future financial responsibility (SR22 insurance), and pay a reinstatement fee of \$100.00 to \$250.00, in addition to the fee for the license you are requesting, to have your driving privileges restored. A notice of suspension returned by the post office because of an incorrect address will not invalidate the suspension if the notice was mailed to the last address you provided the driver's license office.

IMPORTANT: THE FORM ABOVE MUST BE FILLED IN AND SENT TO THE DIVISION OF MOTOR VEHICLES WITHIN 10 DAYS FROM THE DATE OF THE CRASH. A participant's accident report is also required if the crash was not investigated by a peace officer, and the total amount of damage exceeds \$501.00, or there was personal injury.

Mail Completed Form To:

STATE OF ALASKA
DIVISION OF MOTOR VEHICLES
ATTN: DRIVER LICENSING
2760 Sherwood Lane, Suite B.
Juneau AK 99801

JDL@admin.state.ak.us

www.state.ak.us/dmv/

466 REV. 11/2000

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ALASKA MOTOR VEHICLE CRASH FORM 12-209						DMV # _____																															
CRASH INFORMATION (One choice per field unless otherwise noted. Other* should be explained in narrative)																																					
Total # Vehicles _____		Crash Date _____		Time of Crash <input type="radio"/> am <input type="radio"/> pm		Crash Day <input type="radio"/> 01 MON <input type="radio"/> 03 WED <input type="radio"/> 05 FRI <input type="radio"/> 07 SUN <input type="radio"/> 02 TUE <input type="radio"/> 04 THU <input type="radio"/> 06 SAT																															
Name of Street or Highway _____				Miles <input type="radio"/> North of: <input type="radio"/> South of: _____ Feet <input type="radio"/> East of: <input type="radio"/> West of: _____ At intersection with: _____		Name of Cross Street, Highway, Bridge, etc. _____																															
Weather <input type="radio"/> 01 Blowing dirt, snow <input type="radio"/> 02 Clear <input type="radio"/> 03 Cloudy <input type="radio"/> 04 Fog/ smoke <input type="radio"/> 05 Ice fog <input type="radio"/> 06 Rain <input type="radio"/> 07 Sleet, hail (freezing rain) <input type="radio"/> 08 Severe crosswinds <input type="radio"/> 09 Snow <input type="radio"/> 10 Other* <input type="radio"/> 11 Not reported <input type="radio"/> 12 Unknown		Lighting <input type="radio"/> 01 Dark - lighted roadway <input type="radio"/> 02 Dark - not lighted <input type="radio"/> 03 Dark - unknown lighting <input type="radio"/> 04 Daylight <input type="radio"/> 05 Twilight <input type="radio"/> 06 Other* <input type="radio"/> 07 Not reported <input type="radio"/> 08 Unknown		Roadway / Junction <input type="radio"/> 01 Crossover <input type="radio"/> 02 Driveway <input type="radio"/> 03 Not a junction <input type="radio"/> 04 On ramp <input type="radio"/> 05 Off ramp <input type="radio"/> 06 Railway crossing <input type="radio"/> 07 Roundabout <input type="radio"/> 08 T - intersection <input type="radio"/> 09 Y - intersection <input type="radio"/> 10 Four way intersection <input type="radio"/> 11 Five point or more <input type="radio"/> 12 Unknown <input type="radio"/> 13 Other*																																	
First Sequence of Events (what was the first thing you crashed into, or what was the first event that resulted in the crash. (CHECK ONLY ONE FOR EITHER COLLISION OR NON-COLLISION)																																					
COLLISION																																					
<input type="radio"/> 01 Aircraft <input type="radio"/> 02 Animal <input type="radio"/> 03 Bicyclist <input type="radio"/> 04 Bridge / overpass <input type="radio"/> 05 Bridge rail <input type="radio"/> 06 Crash cushion <input type="radio"/> 07 Culvert <input type="radio"/> 08 Curb / wall		<input type="radio"/> 09 Ditch <input type="radio"/> 10 Embankment <input type="radio"/> 11 Fence <input type="radio"/> 12 Guard rail face <input type="radio"/> 13 Guard rail end <input type="radio"/> 14 Light support <input type="radio"/> 15 Machinery <input type="radio"/> 16 Mail box		<input type="radio"/> 17 Median barrier <input type="radio"/> 18 Moose <input type="radio"/> 19 Parked vehicle <input type="radio"/> 20 Pedestrian <input type="radio"/> 21 Sideswipe <input type="radio"/> 22 Sign <input type="radio"/> 23 Snowbarn <input type="radio"/> 24 Traffic signal pole		<input type="radio"/> 25 Train <input type="radio"/> 26 Tree / shrub <input type="radio"/> 27 Utility pole <input type="radio"/> 28 Vehicle in transit <input type="radio"/> 29 Vehicle - rear end <input type="radio"/> 30 Vehicle - head on <input type="radio"/> 31 Vehicle - angle <input type="radio"/> 32 Other fixed object																															
NON-COLLISION																																					
<input type="radio"/> 33 Cargo loss / shift <input type="radio"/> 34 Crossed median / centerline <input type="radio"/> 35 Downhill runaway <input type="radio"/> 36 Equipment failure <input type="radio"/> 37 Explosion / fire <input type="radio"/> 38 Immersion <input type="radio"/> 39 Jackknife		<input type="radio"/> 40 Overturn <input type="radio"/> 41 Ran off road <input type="radio"/> 42 Separation of units <input type="radio"/> 43 Other* <input type="radio"/> 44 Unknown																																			
Location of First Sequence of Events (where did the crash happen first?) <input type="radio"/> 01 Bike lane <input type="radio"/> 02 Gore <input type="radio"/> 03 Median <input type="radio"/> 04 Outside of trafficway <input type="radio"/> 05 Parking lot <input type="radio"/> 06 Roadside <input type="radio"/> 07 Roadway <input type="radio"/> 08 Shared use paths <input type="radio"/> 09 Shoulder <input type="radio"/> 10 Unknown				Road Surface <input type="radio"/> 01 Dry <input type="radio"/> 02 Ice <input type="radio"/> 03 Water <input type="radio"/> 04 Sand, mud, oil <input type="radio"/> 05 Slush <input type="radio"/> 06 Snow <input type="radio"/> 07 Wet <input type="radio"/> 08 Other*		Did police investigate this crash? <input type="radio"/> Yes <input type="radio"/> No																															
YOUR DRIVER INFORMATION																																					
Your Name (Vehicle Driver's Last Name, First Name, Middle Name) _____				Your Date of Birth _____		Your Contact Telephone _____																															
Your Mailing Address _____				Your Driver License Number _____		Your Driver License State _____																															
Your City _____		Your State _____		Your Zip Code _____		Your Residence Country _____																															
YOUR VEHICLE INFORMATION																																					
Your Vehicle Damage <input type="radio"/> 01 None / minor <input type="radio"/> 02 Functional <input type="radio"/> 03 Disabling <input type="radio"/> 04 Totaled <input type="radio"/> 05 Unknown		No. of Occupants _____		Your Vehicle Owner's Name (Last, First, Middle Initial) _____																																	
		Your Vehicle Owner's Mailing Address _____																																			
		Your Vehicle Owner's City _____		Your Vehicle Owner's State _____		Vehicle Owner's Zip Code _____																															
		Vehicle Year _____	Vehicle Make _____	Vehicle Model _____	License Plate # _____	Vehicle License State _____																															
		Your Vehicle's Direction of Travel <input type="radio"/> 01 North <input type="radio"/> 02 South <input type="radio"/> 03 East <input type="radio"/> 04 West <input type="radio"/> 05 Unknown				Damage Estimate <input type="radio"/> Over \$501																															
CHECK ONLY ONE TO SHOW FIRST AREA OF IMPACT		Your Vehicle Driver's Injury Status (vehicle passengers are listed on page 2) <input type="radio"/> 01 Fatal <input type="radio"/> 03 Non-incapacitating <input type="radio"/> 05 None <input type="radio"/> 07 Unknown <input type="radio"/> 02 Incapacitating <input type="radio"/> 04 Possible <input type="radio"/> 06 Not reported																																			
		<table border="0" style="width: 100%;"> <tr> <td colspan="2">Roadway Circumstances (that may have contributed to the crash)</td> <td colspan="2">Your Vehicle Action</td> </tr> <tr> <td><input type="radio"/> 01 Debris</td> <td><input type="radio"/> 07 Road surface condition</td> <td><input type="radio"/> 01 Avoiding objects in road</td> <td><input type="radio"/> 08 Out of control</td> </tr> <tr> <td><input type="radio"/> 02 Inoperative traffic device</td> <td><input type="radio"/> 08 Ruts, holes, bumps</td> <td><input type="radio"/> 02 Backing</td> <td><input type="radio"/> 09 Passing</td> </tr> <tr> <td><input type="radio"/> 03 Missing traffic device</td> <td><input type="radio"/> 09 School zone</td> <td><input type="radio"/> 03 Changing lanes</td> <td><input type="radio"/> 10 Parked</td> </tr> <tr> <td><input type="radio"/> 04 Obscured traffic device</td> <td><input type="radio"/> 10 Work zone</td> <td><input type="radio"/> 04 Entering traffic lane</td> <td><input type="radio"/> 11 Skidding</td> </tr> <tr> <td><input type="radio"/> 05 Obstruction in roadway</td> <td><input type="radio"/> 11 Worn, polished road surface</td> <td><input type="radio"/> 05 Leaving traffic lane</td> <td><input type="radio"/> 12 Slowing</td> </tr> <tr> <td><input type="radio"/> 06 Shoulder</td> <td><input type="radio"/> 12 None</td> <td><input type="radio"/> 06 Making U-turn</td> <td><input type="radio"/> 13 Starting in traffic</td> </tr> <tr> <td></td> <td></td> <td><input type="radio"/> 07 Merging</td> <td><input type="radio"/> 14 Stopped</td> </tr> </table>						Roadway Circumstances (that may have contributed to the crash)		Your Vehicle Action		<input type="radio"/> 01 Debris	<input type="radio"/> 07 Road surface condition	<input type="radio"/> 01 Avoiding objects in road	<input type="radio"/> 08 Out of control	<input type="radio"/> 02 Inoperative traffic device	<input type="radio"/> 08 Ruts, holes, bumps	<input type="radio"/> 02 Backing	<input type="radio"/> 09 Passing	<input type="radio"/> 03 Missing traffic device	<input type="radio"/> 09 School zone	<input type="radio"/> 03 Changing lanes	<input type="radio"/> 10 Parked	<input type="radio"/> 04 Obscured traffic device	<input type="radio"/> 10 Work zone	<input type="radio"/> 04 Entering traffic lane	<input type="radio"/> 11 Skidding	<input type="radio"/> 05 Obstruction in roadway	<input type="radio"/> 11 Worn, polished road surface	<input type="radio"/> 05 Leaving traffic lane	<input type="radio"/> 12 Slowing	<input type="radio"/> 06 Shoulder	<input type="radio"/> 12 None	<input type="radio"/> 06 Making U-turn	<input type="radio"/> 13 Starting in traffic		
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<input type="radio"/> 03 Missing traffic device	<input type="radio"/> 09 School zone	<input type="radio"/> 03 Changing lanes	<input type="radio"/> 10 Parked																																		
<input type="radio"/> 04 Obscured traffic device	<input type="radio"/> 10 Work zone	<input type="radio"/> 04 Entering traffic lane	<input type="radio"/> 11 Skidding																																		
<input type="radio"/> 05 Obstruction in roadway	<input type="radio"/> 11 Worn, polished road surface	<input type="radio"/> 05 Leaving traffic lane	<input type="radio"/> 12 Slowing																																		
<input type="radio"/> 06 Shoulder	<input type="radio"/> 12 None	<input type="radio"/> 06 Making U-turn	<input type="radio"/> 13 Starting in traffic																																		
		<input type="radio"/> 07 Merging	<input type="radio"/> 14 Stopped																																		
Traffic Control <input type="radio"/> 01 Flashing signal <input type="radio"/> 02 No traffic controls <input type="radio"/> 03 Road construction signs <input type="radio"/> 04 RR crossing device <input type="radio"/> 05 School zone signs <input type="radio"/> 06 Stop sign <input type="radio"/> 07 Traffic control signal <input type="radio"/> 08 Warning signs <input type="radio"/> 09 Officer / Flagman / Guard <input type="radio"/> 10 Yield sign <input type="radio"/> 11 Other* <input type="radio"/> 12 Unknown		Vehicle Configuration <input type="radio"/> 01 Dog sled <input type="radio"/> 02 Light truck (4 tires) <input type="radio"/> 03 Motorhome <input type="radio"/> 04 Motorcycle <input type="radio"/> 05 Off highway vehicle <input type="radio"/> 06 Passenger car <input type="radio"/> 07 Pedalcycle <input type="radio"/> 08 Pedestrian <input type="radio"/> 09 Other* <input type="radio"/> 10 Unknown																																			
CRASH DESCRIPTION (Write a brief narrative describing the crash)																																					

**ALASKA DEPARTMENT OF NATURAL RESOURCES
DIVISION OF FORESTRY
ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK**

ALASKA MOTOR VEHICLE CRASH FORM 12-209									
OTHER DRIVER'S INFORMATION									
Other Driver's Name (Last Name, First Name, Middle Name)					Other Driver's Date of Birth		Other Driver's Contact Telephone		
Other Driver's Mailing Address				Other Driver's License #		Other Driver's License State		Other Driver's License Country	
Other Driver's Mailing Address City			Other Driver's State		Other Driver's Zip Code		Other Driver's Residence Country		
OTHER DRIVER VEHICLE INFORMATION									
Other Vehicle Damage <input type="radio"/> 01 None / minor <input type="radio"/> 02 Functional		Other Vehicle No. of Occupants <input type="radio"/> 03 Disabling <input type="radio"/> 04 Totaled <input type="radio"/> 05 Unknown		Other Vehicle Owner's Name (Last, First, Middle Initial)				Other Vehicle Owner's Telephone	
Other Vehicle Owner's Mailing Address									
Other Vehicle Owner's City				Other Vehicle Owner's State		Other Vehicle Owner's Zip			
Vehicle Year		Vehicle Make		Vehicle Model		License Plate #		Vehicle License State	
Other Vehicle's Direction of Travel <input type="radio"/> 01 North <input type="radio"/> 02 South <input type="radio"/> 03 East <input type="radio"/> 04 West <input type="radio"/> 05 Unknown								Damage Estimate <input type="radio"/> Over \$501	
Other Vehicle Driver's Injury Status (vehicle passengers are listed below) <input type="radio"/> 01 Fatal <input type="radio"/> 02 Incapacitating <input type="radio"/> 03 Non-incapacitating <input type="radio"/> 04 Possible <input type="radio"/> 05 None <input type="radio"/> 06 Not reported <input type="radio"/> 07 Unknown									
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Other Driver's Roadway Circumstances (that may have contributed to the crash)</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="radio"/> 01 Debris</div> <div style="width: 33%;"><input type="radio"/> 07 Road surface condition</div> <div style="width: 33%;"><input type="radio"/> 13 Other*</div> <div style="width: 33%;"><input type="radio"/> 02 Inoperative traffic device</div> <div style="width: 33%;"><input type="radio"/> 08 Ruts, holes, bumps</div> <div style="width: 33%;"><input type="radio"/> 14 Unknown</div> <div style="width: 33%;"><input type="radio"/> 03 Missing traffic device</div> <div style="width: 33%;"><input type="radio"/> 09 School zone</div> <div style="width: 33%;"><input type="radio"/> 04 Obscured traffic device</div> <div style="width: 33%;"><input type="radio"/> 10 Work zone</div> <div style="width: 33%;"><input type="radio"/> 05 Obstruction in roadway</div> <div style="width: 33%;"><input type="radio"/> 11 Worn, polished road surface</div> <div style="width: 33%;"><input type="radio"/> 06 Shoulder</div> <div style="width: 33%;"><input type="radio"/> 12 None</div> </div> </div> <div style="width: 45%;"> <p>Other Driver's Vehicle Action</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="radio"/> 01 Avoiding objects in road</div> <div style="width: 33%;"><input type="radio"/> 08 Out of control</div> <div style="width: 33%;"><input type="radio"/> 15 Straight ahead</div> <div style="width: 33%;"><input type="radio"/> 02 Backing</div> <div style="width: 33%;"><input type="radio"/> 09 Passing</div> <div style="width: 33%;"><input type="radio"/> 16 Turning right</div> <div style="width: 33%;"><input type="radio"/> 03 Changing lanes</div> <div style="width: 33%;"><input type="radio"/> 10 Parked</div> <div style="width: 33%;"><input type="radio"/> 17 Turning left</div> <div style="width: 33%;"><input type="radio"/> 04 Entering traffic lane</div> <div style="width: 33%;"><input type="radio"/> 11 Skidding</div> <div style="width: 33%;"><input type="radio"/> 18 Other*</div> <div style="width: 33%;"><input type="radio"/> 05 Leaving traffic lane</div> <div style="width: 33%;"><input type="radio"/> 12 Slowing</div> <div style="width: 33%;"><input type="radio"/> 19 Unknown</div> <div style="width: 33%;"><input type="radio"/> 06 Making U-turn</div> <div style="width: 33%;"><input type="radio"/> 13 Starting in traffic</div> <div style="width: 33%;"><input type="radio"/> 07 Merging</div> <div style="width: 33%;"><input type="radio"/> 14 Stopped</div> </div> </div> </div>									
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Other Driver's Traffic Control (traffic control for the other driver may have been different from yours)</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="radio"/> 01 Flashing signal</div> <div style="width: 33%;"><input type="radio"/> 05 School zone signs</div> <div style="width: 33%;"><input type="radio"/> 09 Officer / Flagman / Guard</div> <div style="width: 33%;"><input type="radio"/> 02 No traffic controls</div> <div style="width: 33%;"><input type="radio"/> 06 Stop sign</div> <div style="width: 33%;"><input type="radio"/> 10 Yield sign</div> <div style="width: 33%;"><input type="radio"/> 03 Road construction signs</div> <div style="width: 33%;"><input type="radio"/> 07 Traffic control signal</div> <div style="width: 33%;"><input type="radio"/> 11 Other*</div> <div style="width: 33%;"><input type="radio"/> 04 RR crossing device</div> <div style="width: 33%;"><input type="radio"/> 08 Warning signs</div> <div style="width: 33%;"><input type="radio"/> 12 Unknown</div> </div> </div> <div style="width: 45%;"> <p>Other Driver's Vehicle Configuration</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="radio"/> 01 Dog sled</div> <div style="width: 33%;"><input type="radio"/> 05 Off highway vehicle</div> <div style="width: 33%;"><input type="radio"/> 09 Other*</div> <div style="width: 33%;"><input type="radio"/> 02 Light truck (4 tires)</div> <div style="width: 33%;"><input type="radio"/> 06 Passenger car</div> <div style="width: 33%;"><input type="radio"/> 10 Unknown</div> <div style="width: 33%;"><input type="radio"/> 03 Motorhome</div> <div style="width: 33%;"><input type="radio"/> 07 Pedalcycle</div> <div style="width: 33%;"><input type="radio"/> 04 Motorcycle</div> <div style="width: 33%;"><input type="radio"/> 08 Pedestrian</div> </div> </div> </div>									
INJURY SECTION (Fill in the name of injured person, injury status, telephone number, and which vehicle they occupied when the crash occurred)									
Name		Injury Status <input type="radio"/> 02 Incapacitating <input type="radio"/> 03 Non-incapacitating <input type="radio"/> 04 Possible <input type="radio"/> 05 None <input type="radio"/> 07 Unknown				Telephone		Vehicle License	
		<input type="radio"/> 02 Incapacitating <input type="radio"/> 03 Non-incapacitating <input type="radio"/> 04 Possible <input type="radio"/> 05 None <input type="radio"/> 07 Unknown							
		<input type="radio"/> 02 Incapacitating <input type="radio"/> 03 Non-incapacitating <input type="radio"/> 04 Possible <input type="radio"/> 05 None <input type="radio"/> 07 Unknown							
		<input type="radio"/> 02 Incapacitating <input type="radio"/> 03 Non-incapacitating <input type="radio"/> 04 Possible <input type="radio"/> 05 None <input type="radio"/> 07 Unknown							
YOUR INSURANCE INFORMATION									
CRASH INFORMATION		Crash Date		Crash Location					
DRIVER INFORMATION		Your Name (Driver's Last Name, First Name, Middle Initial)			Your Date of Birth		Your Driver's License Number		Your Driver's License State
		Your Mailing Address		Your City		Your State		Your Zip Code	
		Your Contact Telephone							
VEHICLE OWNER INFORMATION		Vehicle Owner's Name (Last Name, First Name, Middle Initial)			Owner's Date of Birth		Owner's License Number		Owner's License State
		Vehicle Owner's Mailing Address		Owner's City		Owner's State		Owner's Zip Code	
		Owner's Contact Telephone							
VEHICLE INFORMATION		Vehicle year	Vehicle make	Vehicle model	License plate #	Vehicle License State		Vehicle Identification Number (VIN)	
INSURANCE INFORMATION		Did you have a current automobile liability policy in effect covering this accident? <input type="radio"/> YES <input type="radio"/> NO							
		Insurance Company or Insurance Carrier Name				Insurance Policy Number			
		Address and Telephone Number of Insurance Agent				Insurance Policy Period: FROM		TO	
SIGNATURE		YOUR SIGNATURE							
<p>Insurance Verification: If the motor vehicle liability insurance policy listed above was not in effect for the motor vehicle listed at the time of the crash indicated above, the insurance company is to complete the following and return this form to the Division of Motor Vehicles at the address listed on the bottom right corner on page 2 of this form. If indicated coverage was in effect at the time of the crash, no action is required.</p> <p style="text-align: center;">REASON FOR DENIAL:</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="radio"/> Policy expired before crash</div> <div style="width: 33%;"><input type="radio"/> Driver is not covered on policy</div> <div style="width: 33%;"><input type="radio"/> Policy effective after crash</div> <div style="width: 33%;"><input type="radio"/> Lapse in policy</div> <div style="width: 33%;"><input type="radio"/> Policy number given is incorrect</div> <div style="width: 33%;"><input type="radio"/> Other: _____</div> </div> <div style="text-align: right; margin-top: 10px;"> <p>MAIL THIS FORM TO:</p> <p>DMV Main Office P.O. Box 110221 Juneau, AK 99811-0221 (907) 465-4361</p> </div> <div style="text-align: center; margin-top: 10px;"> <p>Authorized Representative Signature / Date _____</p> </div>									

Crash Form 12-209 - Page 2

ALASKA DEPARTMENT OF NATURAL RESOURCES
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ALASKA INCIDENT BUSINESS MANAGEMENT HANDBOOK



State of Alaska
LOST-STOLEN-DAMAGED PROPERTY REVIEW
(See State Property Manual for Instructions)

No. 47244

1. Department		2. Division		3. Section		4. Date	
5. Property Location		6. Check One <input type="checkbox"/> Lost		<input type="checkbox"/> Available <input type="checkbox"/> Destroyed		7. Police Notified <input type="checkbox"/> Yes, attach report <input type="checkbox"/> No, explain in 13	
8. Serial No.	9. Description		S A M P L E		10. Class Code		
11. Tag No.					12. Value \$		
13. Circumstances (Include Names of Witnesses):							
Signature of Custodian		Printed Name				Date	
COMPLETE 14				ACTION TAKEN			
14. I certify that, to the best of my knowledge, the above is true. Negligence apparent: <input type="checkbox"/> Yes <input type="checkbox"/> No Explain precautions taken to safeguard State property.				Any action been taken?			
Signature of Immediate Supervisor		Printed Name				Date	
15. I <input type="checkbox"/> concur <input type="checkbox"/> do not concur with the above findings and RECOMMENDATIONS:							
Signature of Division Director		Printed Name				Date	
16. The above findings <input type="checkbox"/> are <input type="checkbox"/> are not consistent with RECOMMENDATIONS: Item <input type="checkbox"/> will <input type="checkbox"/> will not remain in service (for date)				SW Policies.			
Signature of Department Property Officer		Printed Name				Date	
17. I <input type="checkbox"/> concur <input type="checkbox"/> do not concur with the above findings and RECOMMENDATIONS:				Have been taken as recommended.			
Signature of Commissioner or Designee		Printed Name				Date	
18. I <input type="checkbox"/> concur <input type="checkbox"/> do not concur with the above findings and RECOMMENDATIONS:				Should be dropped from inventory.			
Signature of State Property Manager		Printed Name				Date	

02-627 (12/92)

STATE PROPERTY MANAGER

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